Approved, SCAO OSM CODE: SPA

STATE OF MICHIGAN PROBATE COURT COUNTY

SUPPLEMENTAL PETITION TO APPLICATION FOR HOSPITALIZATION AND ORDER FOR EXAMINATION

CIRCUIT COURT - FAMILY DIVISION

In the matter of	
	PETITION
1. I executed the attached Application for Hospitalization (PCM 201). I have been unable to have the individual examined by a physician or licensed psychologist although I have made the following efforts:	
screening unit for the examination. I declare that this petition has been examined by me and	community mental health services program. ive custody and transport him/her to the above named preadmission I that its contents are true to the best of my information, knowledge, and
belief.	
Date	Signature of petitioner
Attorney name (type or print) Bar	no. Name (type or print)
Address	Address
City, state, zip Telephone r	no. City, state, zip
	ORDER
THE COURT FINDS:	
 3. The application is reasonable and in full compliance w 4. A reasonable effort was made to secure an examination 5. It is necessary that a peace officer take the individual designated preadmission screening unit for the example. 	ion. ual into protective custody and immediately transport him/her to the
IT IS ORDERED:	
6. The individual be examined at the designated preadm 7. A peace officer shall take the individual into protect preadmission screening unit provided that the indiv which is within 10 days of the date of execution of the	tive custody and immediately transport him/or her to the designated vidual is presented for examination by
	Judge Bar no.
Do not write below this line - For court use only	